

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213526127			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AMERICAN JAIL ASSOCIATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: AMERICAN CORRECTIONAL ASSOCIATION 206 N WASHINGTON ST STE 200 ALEXANDRIA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: 02196343</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1135 PROFESSIONAL CT</p> <p style="margin-left: 40px;">CITY/ST/ZIP: HAGERSTOWN, MD 21740-5853</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ESTEBAN GONZALEZ TITLE: PRESIDENT ADDRESS: ONONDAGA COUNTY SHERIFFS OFC 555 S STATE ST CITY/ST/ZIP/CO: SYRACUSE, NY 13202 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ESTEBAN GONZALEZ TITLE: PRESIDENT ADDRESS: ONONDAGA COUNTY SHERIFFS OFC 555 S STATE ST CITY/ST/ZIP/CO: SYRACUSE, NY 13202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ESTEBAN GONZALEZ TITLE: PRESIDENT ADDRESS: ONONDAGA COUNTY SHERIFFS OFC 555 S STATE ST CITY/ST/ZIP/CO: SYRACUSE, NY 13202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KIM SPADARO TITLE: IMM PAST PRES ADDRESS: BROWARD SHERIFFS OFC 2421 NW STREET CITY/ST/ZIP/CO: POMPAN0 BEACH, FL 33069 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KIM SPADARO TITLE: IMM PAST PRES ADDRESS: BROWARD SHERIFFS OFC 2421 NW STREET CITY/ST/ZIP/CO: POMPAN0 BEACH, FL 33069	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIM SPADARO TITLE: IMM PAST PRES ADDRESS: BROWARD SHERIFFS OFC 2421 NW STREET CITY/ST/ZIP/CO: POMPAN0 BEACH, FL 33069	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JAMIE LYNN CLAYTON TITLE: PRES ELECT ADDRESS: IMPERIAL COUNTY SHERIFF 328 APPLESTILL RD CITY/ST/ZIP/CO: EL CENTRO, CA 92244 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMIE LYNN CLAYTON TITLE: PRES ELECT ADDRESS: IMPERIAL COUNTY SHERIFF 328 APPLESTILL RD CITY/ST/ZIP/CO: EL CENTRO, CA 92244	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMIE LYNN CLAYTON TITLE: PRES ELECT ADDRESS: IMPERIAL COUNTY SHERIFF 328 APPLESTILL RD CITY/ST/ZIP/CO: EL CENTRO, CA 92244	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: WAYNE DICKY TITLE: VICE PRESIDENT ADDRESS: BRAZOS COUNTY SHERIFFS OFC 1835 SANDY POINT RD CITY/ST/ZIP/CO: BRYAN, TX 77807 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WAYNE DICKY TITLE: VICE PRESIDENT ADDRESS: BRAZOS COUNTY SHERIFFS OFC 1835 SANDY POINT RD CITY/ST/ZIP/CO: BRYAN, TX 77807	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WAYNE DICKY TITLE: VICE PRESIDENT ADDRESS: BRAZOS COUNTY SHERIFFS OFC 1835 SANDY POINT RD CITY/ST/ZIP/CO: BRYAN, TX 77807	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MITCH LUCAS TITLE: VICE PRESIDENT ADDRESS: CHARLESTON COUNTY SHERIFF'S OFC 3505 PINEHAVEN DRIVE CITY/ST/ZIP/CO: N CHARLESTON, SC 29405 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MITCH LUCAS TITLE: VICE PRESIDENT ADDRESS: CHARLESTON COUNTY SHERIFF'S OFC 3505 PINEHAVEN DRIVE CITY/ST/ZIP/CO: N CHARLESTON, SC 29405	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MITCH LUCAS TITLE: VICE PRESIDENT ADDRESS: CHARLESTON COUNTY SHERIFF'S OFC 3505 PINEHAVEN DRIVE CITY/ST/ZIP/CO: N CHARLESTON, SC 29405	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN DANIELS TREASURER OREGON YOUTH AUTHORITY 530 CENTER ST NE STE 200 SALEM, OR 97301-3765	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J KASABIAN EXEC DIRECTOR 1135 PROFESSIONAL COURT HAGERSTOWN, MD 21740-5853	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA P TRAVIS SECRETARY DAVIDSON COUNTY SHERIFFS OFC P.O. BOX 196383 NASHVILLE, TN 37219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W JOHNSON VICE PRESIDENT MIAMI-DADE CORR & REHAB 1321 NW 13TH STREET MIAMI, FL 33125	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT J KASABIAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT J KASABIAN, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/3/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			